

REQUIREMENTS & INSTRUCTIONS - PEST CONTROL OPERATOR ADDITIONAL BRANCH/RME TO SOLE

Access this form via website at: www.state.hi.us/dcca/pvl

Briefly, the steps to obtain a pest control operator's license to add an additional branch or to change from a RME to a sole owner are:

- 1) Complete all required forms;
- 2) Submit all required forms to the Board by filing deadline date;
- 3) Upon approval, register directly with the testing agency by registration deadline date (sole owners and responsible managing employees only), and pass the exam if applicable;
- 4) Submit license documents and pay license fees; and
- 5) Maintain the license.

1) Complete all required forms - Required documents vary for different license types and business entities. Refer to the sections that apply to you:

ALL APPLICANTS:

APPLICATION FORM

Complete the attached application by typing or printing legibly in dark ink.

Failure to provide all the requested information will delay the processing of your application.

An entity, corporation, partnership, joint venture, LLC or LLP cannot be issued a license without having in its employ a principal responsible managing employee (RME). The corporation, partnership, joint venture, LLC or LLP must file a separate application from a RME and both must pay separate fees in order to be licensed.

FEES

Attach the application fee of \$30 (not refundable). Additional fees will be assessed after board approval and passage of examination (if applicable). Make check payable to: **COMMERCE & CONSUMER AFFAIRS**.

NOTE: One of the numerous legal requirements that you must meet in order for your new license to issue is the payment of fees as set forth in this application. You may be sent a license certificate before the check you sent us for your required fees clears your bank. If your check is returned to us unpaid, you will have failed to pay the required licensing fee and your license will not be valid, and you may not do business under that license. Also, a \$15.00 service fee will be charged for checks which are returned by the bank.

If for any reason you are denied the license you are applying for, you may be entitled to a hearing as provided by Title 16, Chapter 201, Hawaii Administrative Rules, and/or Chapter 91, Hawaii Revised Statutes. Your written request for a hearing must be directed to the agency that denied your application, and must be made within 60 days of notification that your application for a license has been denied.

BUSINESS - SOLE OWNER, CORPORATION, PARTNERSHIP, JOINT VENTURE, LIMITED LIABILITY COMPANY & LIMITED LIABILITY PARTNERSHIP:

FINANCIAL STATEMENT

Submit a current financial statement (not more than a year old) prepared and signed by a registered or certified public accountant holding a current permit to practice. If licensed in another state, provide a copy of license.

TAX CLEARANCE

Submit a **current** Hawaii State Tax Clearance (**not more than 6 months old**) with an original State Department of Taxation stamp. (Not applicable to people residing in Hawaii less than 1 year and not applicable to corporations, partnerships, LLC's or LLP's registered in Hawaii less than 1 year.)

ENTITY REGISTRATION: CORPORATION/PARTNERSHIP LLC or LLP

If the application is for a corporation, partnership, LLC or LLP we will require the following proof to show that the entity is properly registered with the Business Registration Division (BREG), Department of Commerce and Consumer Affairs, State of Hawaii, P.O. Box 40, Honolulu, HI 96810. Please contact them for the proper forms, at (808) 586-2727 or visit their website at: www.businessregistrations.com/home.html to order "Certificates of Good Standing" forms, etc.

**ENTITY REGISTRATION:
CORPORATION/PARTNERSHIP
LLC or LLP (Contd.)**

If the entity has been registered in this state for LESS THAN ONE (1) YEAR, ATTACH a "filed-stamped" copy of the document filed with BREG; or the same certificate mentioned below.

If the entity has been registered in this state for MORE THAN ONE (1) YEAR, ATTACH a current "Certificate of Good Standing" or "Certificate of Qualification" (issued not more than one (1) year ago).

RME DESIGNATION

Attach an entity resolution signed by the secretary of the corporation or all partners of the partnership, LLP or joint venture, or managers or members of the limited liability company designating the Responsible Managing Employee (RME). The resolution shall specify duties and responsibilities of the RME and the position the RME holds (officer, partner). The RME shall co-sign the resolution.

The designated RME must hold a license with appropriate branches. Any change in employment status of designated RMEs must be reported to the Board within 10 working days.

SOLE OWNER & RESPONSIBLE MANAGING EMPLOYEE (RME):

**EXPERIENCE
(Supporting Certificates)**

Attach two (2) "Experience Certificate" (PC-14) forms which conform to the following:

- 1) Shows at least TWO (2) YEARS of experience in the branch of pest control for which license is sought.
- 2) Of the total period, at least ONE (1) YEAR in supervisory capacity in the branch of pest control for which licensure is sought.
- 3) At least one of the forms must be completed by an individual pest control license holder or by a Responsible Managing Employee (RME) license holder.

• NOT APPLICABLE IF CHANGING FROM RME TO SOLE OWNER.

Refer to the board's rules, Sections 16-94-20 and 16-94-21, for substitutions.

**EXPERIENCE
(Job Report)**

Participation in at least 100 jobs in the specific branch applicant is applying for during the two-year experience period.

List on the attached "Job Report" (PC-02) form all the jobs participated in during the two-year period and list the chemicals and treatments used.

**PESTICIDE
CERTIFICATION**

Be currently certified under the Hawaii pesticides law by the State Department of Agriculture as a Commercial Applicator in the branch for which application is made for at least ONE YEAR PRIOR to the submission of the application for license.

Attach evidence of a current certification which you had for 1 year. (FRONT AND BACK OF CARD)

**RESPONSIBLE MANAGING
EMPLOYEE (RME) ONLY**

Attach an entity resolution signed by the secretary of the corporation or all partners of the partnership, LLP or joint venture, or managers or members of the limited liability company, designating the Responsible Managing Employee (RME). The resolution shall specify duties and responsibilities of the RME and the position the RME holds (officer, partner). The RME shall co-sign the resolution.

The officer or partner designated RME must hold a license with appropriate branches.

2) Submit forms to Board:

Mail all required items to:

PEST CONTROL BOARD
DCCA, PVL, Licensing Branch
P.O. Box 3469
Honolulu, HI 96801

or

Deliver to office location at:

1010 Richards St., 1st Floor
Honolulu, HI 96813
Phone: (808) 586-3000

(CONTINUED ON NEXT PAGE)

LAWS & RULES

To obtain a copy of the board's laws and rules send \$1.50 to Cashier, Commerce & Consumer Affairs, P.O. Box 541, Honolulu, HI 96809. (Price subject to change without notice). Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Law may be purchased separately for 75¢.

The LAWS and RULES are posted on our website at: www.state.hi.us/dcca. Look under "Obtaining Information".

ABANDONMENT OF APPLICATION

Your application is considered abandoned and may be destroyed, if, after two years, you fail to provide the Board evidence of your efforts to complete the licensure process.

3) Register DIRECTLY with testing agency (SOLE OWNERS & RESPONSIBLE MANAGING EMPLOYEES ONLY):

Examinations are usually offered 6 times a year. Applications for examination are subject to approval by the Pest Control Board. Upon approval, all applicants are notified through the mail. Notices of approval are mailed with a "Registration Form" which the applicants complete and mail with the appropriate fees by the registration deadline directly to the testing agency, Experior Assessments LLC. Experior is an independent testing contractor that administers the Board's examination to all pest control applicants. Refer to the attached "Examination Schedule" for examination dates and registration filing deadlines. Note: A walk-in procedure to allow Board approved candidates to take exams at times other than the scheduled dates is available by appointment at Experior's office for an additional fee. For arrangements contact:

Experior Assessments LLC
354 Uluniu Street, Ste. 308
Kailua, HI 96734
Ph: (808) 261-8182

Approximately 3 weeks after an examination is given, examination results are sent through the mail.

4) Applying for the license:

Along with the results of the examination or notice of board approval will be instructions for paying license fees and submitting other required documents. Businesses will be required to submit the following:

WORKER'S COMPENSATION INSURANCE

Submit a "*Certificate of Insurance*" from an insurance company authorized to do business in this State.
Sole proprietor or partnership with NO employees may file a form prescribed by the Board, in lieu of workers' compensation insurance.

GENERAL LIABILITY INSURANCE

Submit a "*Certificate of Insurance*" from an insurance company authorized to do business in this State for general liability in the minimum amount of \$100,000 for any one claim and a minimum aggregate of not less than \$300,000 for all claims arising during a policy term of one year. Corporations and other entities with proof of exclusion from the Department of Labor and Industrial Relations may file a form prescribed by the Board, in lieu of workers' compensation when the RME owns at least 50% of the corporation and there are NO OTHER EMPLOYEES.

BUSINESS ADDRESS/ COUNTY ZONING

Business must be maintained in a location properly zoned to allow such a business by the respective counties. You must apply for a zoning clearance with the appropriate county agency and make an attestation as to your approval on the form provided before your license will be issued. For zoning clearance applications or any questions regarding zoning, please direct your inquiries to the respective county. See back of the attached zoning form for contact information.

(CONTINUED)

5) Maintaining the license:

All licenses, regardless of issuance date, expire on June 30 of each even-numbered year and are subject to renewal. Renewal applications are mailed to current licensees at their last known address about a month prior to the license expiration date. To ensure receipt of the renewal application, keep the board informed of your address.

Scope of Work: A pest control operator shall not contract for pest control work in a branch other than in what the operator is licensed.

Maintain Insurance: Businesses shall maintain current worker's compensation and liability insurance policies and provide the board with evidence of current policies.

Employment: A responsible managing employee shall be employed by a pest control operator licensed by the board.

Entity – RME Dependency: If for any reason the responsible managing employee leaves the contracting entity, the contracting entity must notify the Board and file an application for a new RME within 30 days of the RME leaving the contracting entity.

Change of Employment: Should a responsible managing employee terminate employment or obtain employment with another pest control operator, the pest control operator shall advise the board within 10 days.

Change of Business Address: A zoning certification form must be submitted to change a business address.

Pesticide Certification: Certification by the State Dept. of Agriculture as a Commercial Applicator in the appropriate branches must be maintained.

APPLICATION FOR LICENSE - PEST CONTROL OPERATOR

Instructions & requirements are on the attached sheet. Please read before completing this form.

Lic. No.
PCO -

Eff. Date:

Branch(es): 1 2 3

Name of Applicant (If person, first-middle-last; if corporation, partnership, joint venture, LLC or LLP give firm name):

Trade Name (If one will be used):

Business Address (Include suite no., city, state & zip code):

Mailing Address (If different from business address):

Residence Mailing Address:

FOR OFFICE USE

Indicate the branch you are applying for:

☐ Branch 1 - Fumigation
☐ Branch 2 - General Pest
☐ Branch 3 - Termite

Indicate your application type:

☐ Sole Owner ☐ Corporation ☐ Limited Liability Co.
☐ Partnership ☐ Joint Venture ☐ Limited Liability Part.
☐ RME ☐ Additional Branch

Social Security No.

Phone No. (Days)

NAMES & TITLES (If applicant is corporation, partnership joint venture, LLC or LLP)

Name	Title or Position	Residence Address (Give location, P.O. Box not acceptable)

If applicant is corporation or partnership, name of Responsible Managing Employee (RME)

License No. of RME:

Branches Held:

If applicant is Responsible Managing Employee (RME), name of employing firm

License No.:

Branches Held:

EMPLOYMENT HISTORY (if applicant is a sole owner or RME)

Dates (mo/yr)		Name of Employer	Position Held	Duties
From	To			

(CONTINUED ON BACK)

Circle or underline answers. Give details when required. ((Note: Questions 1 and 2 apply to Sole Owner and RME applicants only)

- 1) Are you at least 18 years of age?..... YES NO
- 2) Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? YES NO
- 3) a. Do you presently hold or have you ever held a pest control license in Hawaii or in any other state?..... YES NO
- b. Type of license _____ License No. _____ State _____
- 4) Give names, dates of attendance and copy of any technical training, college degree or business administration training.
- 5) Have you, any of the corporate officers, partners, managers or members of the entity, ever been adjudicated bankrupt in this or any other state? YES NO
- 6) Are there now any unpaid past due bills for either materials, services rendered, labor or any liens, suits or judgments now pending or recorded against you, the entity, any of the corporate officers, partners, managers or members of the entity in this or any other state?..... YES NO
- 7) Has any license ever been suspended, revoked or otherwise subject to disciplinary action? YES NO
- 8) Are there any disciplinary actions pending against you, any of the corporate officers, partners, managers or members of the entity? YES NO
- 9) In the past twenty years, have you or any of the corporate officers, partners, managers or members of the entity ever been convicted of a crime in which the conviction has not been annulled or expunged? YES NO
- (If response is "YES" to questions 5, 6, 7, 8, or 9, provide information on the date, place, and type of bankruptcy, liens, judgements, conviction or disciplinary action on a separate sheet.)

AFFIDAVIT OF APPLICANT:

I hereby certify that the foregoing statements and answers and the documents attached are true and correct. I understand that misrepresentation is grounds for refusal or subsequent revocation of license (Section 710-1017, Hawaii Revised Statutes).

Date

Signature of Applicant

Print Name

Title

PEST CONTROL BOARD

Department of Commerce and Consumer Affairs

P.O. Box 3469

Honolulu, Hawaii 96801

Access this form via website at: www.state.hi.us/dcca/pvl

Applicant _____

Address of Chemical Storage Facility

Tax Key No. _____

ZONING CERTIFICATION FORM

As an applicant for a pest control operator's license, I understand that the law requires my place of business (chemical storage facility) to be located in an area zoned to allow such a business. I have applied directly with the County for a zoning clearance and I hereby certify the following:

1. That the office and its location as indicated on the application comply with the zoning code of the county;
2. That the applicant or RME shall comply with any and all restrictions imposed by the county, or any other government agency with jurisdiction on the use of the office or place of business;
3. That if there is any change of address, or location of the office, the board will be informed, a new clearance will be obtained, and a new zoning certification form will be signed; and
4. That if the county or any government agency with jurisdiction finds the applicant in violation of any of the provisions or restrictions, the pest control license may be revoked, suspended, refused to be renewed, or otherwise disciplined.

I have read and understood the above, and acknowledge that any material misrepresentations of the above constitutes grounds for denial of the attached license application, refusal of renewal of application, license suspension, license revocation, and/or the imposition of penalties pursuant to Hawaii Revised Statutes, Chapters 460J and 436B.

Date _____

Signed _____

PCO/RME

Legal Name
of License _____

Sole Owner, Corporation,
Partnership, LLC, LLP

Mailing Address (if different from above)

License No. PCO -

ZONING CERTIFICATION REQUIREMENT

Please be advised that one of the requirements for a license to do business as a pest control operator in Hawaii is to maintain a place of business in the State in an area zoned to allow such a business. You must apply for a zoning clearance with the appropriate county agency and make an attestation as to your approval (on the reverse) before your license will be issued. For applications or any questions regarding the zoning, please direct your inquiries to:

County of Honolulu:	Department of Planning & Permitting City and County of Honolulu 650 So. King Street, 7th Floor Honolulu, HI 96813	Phone: 523-4131
Kakaako Community Development District:	Hawaii Community Development Authority 677 Ala Moana Blvd., #1001 Honolulu, HI 96813	Phone: 587-2870 or 587-2865
County of Hawaii:	County of Hawaii Planning Department 25 Aupuni St. Hilo, HI 96720	Phone: 961-8288
County of Kauai	County of Kauai Planning Department 4444 Rice St., Ste. 473 Lihue, HI 96766	Phone: 241-6677
County of Maui:	County of Maui Planning Department 250 South High St. Wailuku, HI 96793	Phone: 243-7253

JOB REPORT - PEST CONTROL

Access this form via website at: www.state.hi.us/dcca/pvl

Instructions:

- 1) Operator applicant – List chronologically 100 jobs verifying chemical application in which you were an applicator during the 2-year period for each specific branch for which application is being made.
- 2) Field Representative applicant – List chronologically 25 jobs verifying chemical application in which you were an applicator during the 6-month period for each specific branch for which application is being made.

Name of Applicant:		Branch:
Date	Client Name & Address	Chemicals/Treatment used
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
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23		
24		
25		

JOB REPORT - PEST CONTROL

Instructions:

- 1) Operator applicant -- List chronologically 100 jobs verifying chemical application in which you were an applicator during the 2-year period for each specific branch for which application is being made.
- 2) Field Representative applicant -- List chronologically 25 jobs verifying chemical application in which you were an applicator during the 6-month period for each specific branch for which application is being made.

Name of Applicant:		Branch:
Date	Client Name & Address	Chemicals/Treatment used
26		
27		
28		
29		
30		
31		
32		
33		
34		
35		
36		
37		
38		
39		
40		
41		
42		
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48		
49		
50		

JOB REPORT - PEST CONTROL

Instructions:

- 1) Operator applicant -- List chronologically 100 jobs verifying chemical application in which you were an applicator during the 2-year period for each specific branch for which application is being made.
- 2) Field Representative applicant -- List chronologically 25 jobs verifying chemical application in which you were an applicator during the 6-month period for each specific branch for which application is being made.

Name of Applicant:		Branch:
Date	Client Name & Address	Chemicals/Treatment used
51		
52		
53		
54		
55		
56		
57		
58		
59		
60		
61		
62		
63		
64		
65		
66		
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JOB REPORT - PEST CONTROL

Instructions:

- 1) Operator applicant -- List chronologically 100 jobs verifying chemical application in which you were an applicator during the 2-year period for each specific branch for which application is being made.
- 2) Field Representative applicant -- List chronologically 25 jobs verifying chemical application in which you were an applicator during the 6-month period for each specific branch for which application is being made.

Name of Applicant:		Branch:
Date	Client Name & Address	Chemicals/Treatment used
76		
77		
78		
79		
80		
81		
82		
83		
84		
85		
86		
87		
88		
89		
90		
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99		
100		

EXPERIENCE CERTIFICATE – PEST CONTROL BOARD

IMPORTANT! READ THE INFORMATION ON THE REVERSE SIDE OF THIS FORM BEFORE COMPLETING THIS CERTIFICATE.

THIS BLOCK TO BE COMPLETED BY THE APPLICANT:

Name of Applicant	License requesting (check)	Branch requesting (check)
	() RME	() Branch 1 – Fumigation
	() Sole Owner	() Branch 2 – General Pest
	() PCFR	() Branch 3 – Termite

THIS SECTION TO BE COMPLETED BY THE PERSON WHO WILL CERTIFY TO THE APPLICANT'S EXPERIENCE:

Indicate your BUSINESS RELATIONSHIP to the applicant: [] EMPLOYER [] SUPERVISOR [] PCO RME Lic. # _____ Classifications held: _____ [] FELLOW EMPLOYEE [] OTHER (specify): _____	Employment dates (mo/yr): From: _____ To: _____	Dates applicant has supervised: BR-1 _____ FR _____ TO _____ BR-2 _____ FR _____ TO _____ BR-3 _____ FR _____ TO _____
	Experience in BR-1 _____ yrs. mos.	
	Dates of experience: FR: _____ TO: _____ [] FULL TIME [] PART TIME	
	Experience in BR-2 _____ yrs. mos.	
	Dates of experience: FR: _____ TO: _____ [] FULL TIME [] PART TIME	
	Experience in BR-3 _____ yrs. mos.	
	Dates of experience: FR: _____ TO: _____ [] FULL TIME [] PART TIME	
	Indicate LEVEL applicant worked at: [] SERVICE TECHNICIAN [] SUPERVISOR [] CERTIFIED APPLICATOR [] OTHER (specify): _____	

DESCRIBE IN DETAIL THE TYPE OF EXPERIENCE (FIELD AND OR SUPERVISORY) GAINED BY THE APPLICANT. DESCRIBE THE TYPE OF PEST CONTROL WORK THE APPLICANT PERFORMED AND THE POSITIONS HELD.

Certification of Person Completing this Form:

I, _____ hereby certify that I have personally known the person named as applicant above; that I
(Print name of certifier)

have direct knowledge of the applicant's field and or supervisory experience which I have listed above; and, all other statements and answers given here are true and correct.

Date _____

Signature of the Certifier _____

Subscribed and sworn to before me

This _____ day of _____ 20____

Print Your Name _____

Address of
Certifier _____

Notary Public, State of _____

My commission expires: _____

Pest Control License No. _____

Licensed Branches _____

Home Phone No. (____) _____

Business Phone No. (____) _____

To Persons Requested to Certify an Applicant's Experience:

The applicant named on the reverse side is required to meet an experience requirement to be licensed as a pest control operator or field representative and provide proof of experience by furnishing these certificates in support of any experience claims shown on the applicant's application.

The applicant is, therefore, requesting you to certify as to your knowledge of the applicant's experience by completing the form on the opposite side. After you have completed the form, you must have it sworn to and signed before a Notary Public or it cannot be accepted.

Do not mail this form to the Pest Control Board. Return the certificate to the applicant in order that it can be attached to the applicant's application.

Your cooperation is earnestly solicited so that the Pest Control Board can determine whether an applicant has had the experience necessary to become a capable and qualified pest control operator or field representative.

EXPERIENCE CERTIFICATE – PEST CONTROL BOARD

IMPORTANT! READ THE INFORMATION ON THE REVERSE SIDE OF THIS FORM BEFORE COMPLETING THIS CERTIFICATE.

THIS BLOCK TO BE COMPLETED BY THE APPLICANT:

Name of Applicant	License requesting (check)	Branch requesting (check)
	() RME	() Branch 1 – Fumigation
	() Sole Owner	() Branch 2 – General Pest
	() PCFR	() Branch 3 – Termite

THIS SECTION TO BE COMPLETED BY THE PERSON WHO WILL CERTIFY TO THE APPLICANT'S EXPERIENCE:

Indicate your BUSINESS RELATIONSHIP to the applicant: [] EMPLOYER [] SUPERVISOR [] PCO RME Lic. # _____ Classifications held: _____ [] FELLOW EMPLOYEE [] OTHER (specify): _____	Employment dates (mo/yr): From: _____ To: _____	Dates applicant has supervised: BR-1 _____ FR _____ TO _____ BR-2 _____ FR _____ TO _____ BR-3 _____ FR _____ TO _____
	Experience in BR-1 _____ yrs. mos.	
	Dates of experience: FR: _____ TO: _____ [] FULL TIME [] PART TIME	
	Experience in BR-2 _____ yrs. mos.	
	Dates of experience: FR: _____ TO: _____ [] FULL TIME [] PART TIME	
	Experience in BR-3 _____ yrs. mos.	
	Dates of experience: FR: _____ TO: _____ [] FULL TIME [] PART TIME	
	Indicate LEVEL applicant worked at: [] SERVICE TECHNICIAN [] SUPERVISOR [] CERTIFIED APPLICATOR [] OTHER (specify): _____	

DESCRIBE IN DETAIL THE TYPE OF EXPERIENCE (FIELD AND OR SUPERVISORY) GAINED BY THE APPLICANT. DESCRIBE THE TYPE OF PEST CONTROL WORK THE APPLICANT PERFORMED AND THE POSITIONS HELD.

Certification of Person Completing this Form:

I, _____ hereby certify that I have personally known the person named as applicant above; that I
(Print name of certifier)

have direct knowledge of the applicant's field and or supervisory experience which I have listed above; and, all other statements and answers given here are true and correct.

Date _____

Signature of the Certifier _____

Subscribed and sworn to before me

This _____ day of _____ 20____

Print Your Name _____

Address of
Certifier _____

Notary Public, State of _____

My commission expires: _____

Pest Control License No. _____

Licensed Branches _____

Home Phone No. (____) _____

Business Phone No. (____) _____

To Persons Requested to Certify an Applicant's Experience:

The applicant named on the reverse side is required to meet an experience requirement to be licensed as a pest control operator or field representative and provide proof of experience by furnishing these certificates in support of any experience claims shown on the applicant's application.

The applicant is, therefore, requesting you to certify as to your knowledge of the applicant's experience by completing the form on the opposite side. After you have completed the form, you must have it sworn to and signed before a Notary Public or it cannot be accepted.

Do not mail this form to the Pest Control Board. Return the certificate to the applicant in order that it can be attached to the applicant's application.

Your cooperation is earnestly solicited so that the Pest Control Board can determine whether an applicant has had the experience necessary to become a capable and qualified pest control operator or field representative.

PEST CONTROL BOARD - FINANCIAL STATEMENT

(Prescribed Form)

Financial Statement as of _____, 20____ (not more than one year old) is for:

Name of Applicant (owner, corporation, etc.): _____

Trade Name, if any (dba): _____

Address: _____

ASSETS:

CURRENT ASSETS:

Cash *(include checking account)*..... \$ _____
Savings account _____
Time certificates *(within 1 year)* _____
Deposit with bids _____
TOTAL CASH \$ _____
Accounts receivable *(completed contracts)* _____
Earned estimated and retainage *(uncompleted contracts)* _____
Other accounts receivable _____
Work in progress *(unbilled)* _____
Notes receivable _____
Stocks and bonds _____
Life insurance *(cash value)* _____
Other current assets _____
TOTAL CURRENT ASSETS \$ _____

OTHER ASSETS:

Material in stock *(not included in any items above)* \$ _____
Inventory or other materials..... _____
Other assets _____
TOTAL OTHER ASSETS \$ _____

FIXED ASSETS:

Equipment at net book value \$ _____
Real estate _____
Furniture and fixtures at net book value _____
Tools _____
Other fixed assets _____
TOTAL FIXED ASSETS \$ _____

TOTAL ASSETS..... \$ _____

LIABILITIES:

CURRENT LIABILITIES:

Notes payable *(due within one year)*:
To banks regular \$ _____
To material men _____
To other *(exclusive of equipment)* _____
TOTAL NOTES PAYABLE \$ _____
Account payable:
Subcontractors \$ _____
Material men _____
Others _____
TOTAL ACCOUNTS PAYABLE \$ _____
Current maturities (long-term debt) \$ _____
Accrued payrolls _____
Federal and state income tax _____
Payroll taxes *(including F.I.C.A. S.U.I. and income taxes withheld)* _____
Other accrued taxes, interest, etc. _____
Encumbrances on equipment *(due within 1 year)* _____
OTHER CURRENT LIABILITIES *(specify)*:

TOTAL CURRENT LIABILITIES \$ _____

LONG-TERM LIABILITIES:

Long-term debt *(less portion due within one year)* \$ _____
Encumbrances on equipment *(due after 1 year)* _____
Encumbrances on real estate _____
Billings in excess of cost on uncompleted contracts _____
Other long-term liabilities *(specify)*:

TOTAL LONG-TERM LIABILITIES \$ _____
TOTAL LIABILITIES \$ _____

NET WORTH:

Capital stock (if corporation, show shares authorized, issued-par value) \$ _____
Surplus _____
TOTAL NET WORTH..... \$ _____
TOTAL LIABILITIES AND NET WORTH \$ _____

This statement must be signed, whether accountant uses this form or his own.

I hereby certify as owner, officer, partner, manager, member or R.M.E. that the statements contained on this statement are true and correct. I understand that misrepresentation is grounds for refusal or subsequent revocation of license *(Sec. 710-1017, Hawaii Revised Statutes)*.

SIGNATURE OF APPLICANT: _____

TITLE *(owner, president, etc.)*: _____

In the opinion of the undersigned, the above statement fairly presents, on the date indicated, the financial condition of the applicant. The undersigned has no interest in the above enterprise.

SIGNATURE OF
C.P.A. or P.A.: _____

LICENSE NUMBER _____

PRINT NAME: _____

STATE _____

SHALL BE PREPARED AND SIGNED BY A REGISTERED PUBLIC ACCOUNTANT OR CERTIFIED PUBLIC ACCOUNTANT HOLDING A CURRENT PERMIT TO PRACTICE. (IF LICENSED IN ANOTHER STATE, PROVIDE COPY OF LICENSE)